

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Vera Silsby

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred M. 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Jan. 18 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Flat River Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER { 12. Name Joe Sutton
13. Birthplace Bellevue Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Rose
15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred M. Silsby
(b) Address Flat River, Mo.

17. (a) Removal (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 7 1942 (b) J. F. McDonald
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. 306 Cedar St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 1942 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-1-42 1942 to 1-5-42 1942
that I last saw him alive on 1-2-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-acute Bacterial Endocarditis Duration
(Viridans)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 6

23. Signature RK Anderson (M. D. or other) _____
Address 4932 Hwy 100 Date signed 1-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Moyer

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.